

Western Service Area

Ongoing Safety Assessment 1st Round - Safety Model QA Review



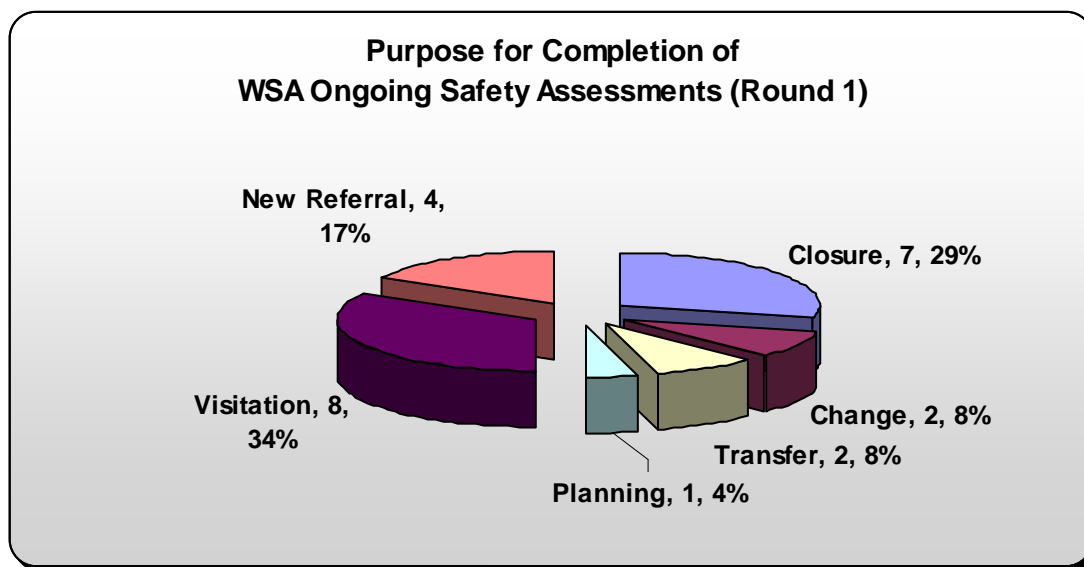
**Nebraska Department of Health and Human Services
Quality Assurance**

September 2009

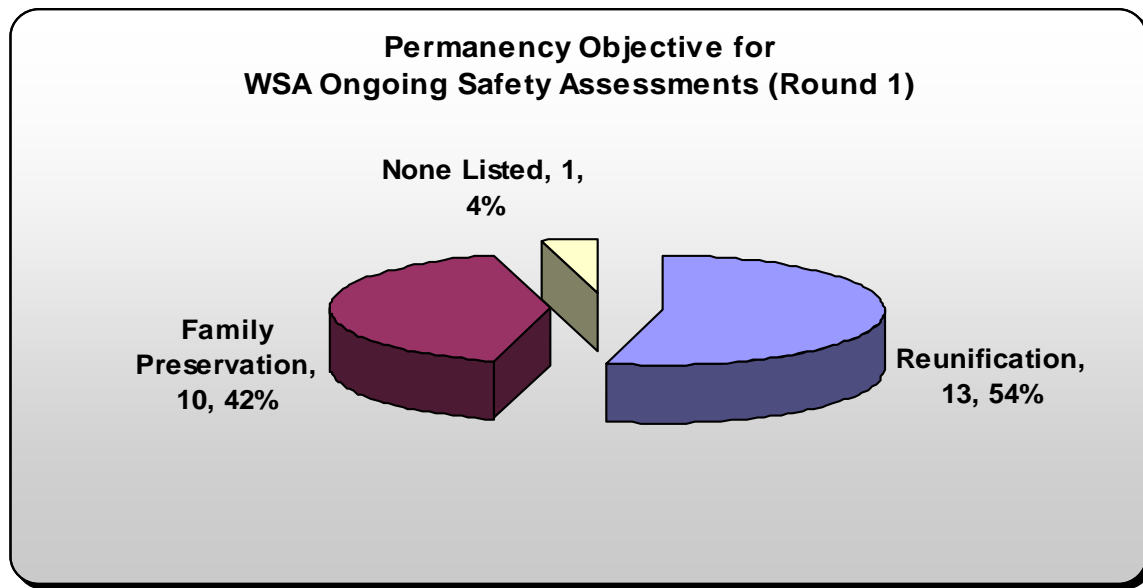
Quality Assurance Team completed first round of Ongoing Safety Assessment Reviews during August 2009. A total of 24 finalized Ongoing Safety Assessments were selected by QA Staff from four Children and Family Services Supervisors in the Western Service Area (WSA). The table below illustrates the number of reviewed safety assessments from each WSA Supervisor.

Children and Family Services Supervisor	Total Number of Reviewed Safety Assessments
Kim Seelmeyer	7
Melissa Smith	3
Michelle Eby	7
Nicole Peterson	7
TOTAL	24

Purpose for completion of ongoing safety assessment: 24 assessments reviewed; 2 were change in cases circumstance, 7 were closure, 4 were new CAN referral, 2 were transfer to on-going, 1 were assessments for case planning and 8 assessments for visitation.



First Round Permanency for reviewed ongoing safety assessments:



As evidenced in the chart above in 1 of the 24 reviewed assessments, reviewers were unable to determine the permanency objective.

The following is a summary of First Round Data from ALL 24 Ongoing Safety Assessment reviews. Charts for these overall data sets can be found in the attached excel file: *WSA Ongoing Safety QA Report.CHARTS.Overall 1st Round.*

Initial Response/Contact Information (Chart 1):

Initial contact and response information was applicable in 4 out of 24 reviewed assessments. A review of applicable cases indicated the following:

- Initial contact with child victim was made within required time frame in 100% of the Safety Assessments (4 out of 4 instances).
- Other children in the household were present in 2 out of 4 (50%) of the reviewed assessments. In these instances, other children in the home were interviewed (100%).
- 2 out of 4 reviewed assessments had a non-maltreating caregiver listed in the intake. The non-maltreating caregivers were interviewed in these instances (100%).
- Other adults were not present in the applicable assessments.
- Interviews with the maltreating caregiver occurred in 100% or 4 out of 4 assessments that had an identified maltreating caregiver.
- Interview protocol was followed in 25% or 1 out of 4 assessments. For those assessments that did not follow protocol reviewers were able to locate documentation to indicate the reason for protocol deviation in 1 out of 3 assessments (33.3%).

Youth and Family Frequency and Quality of Contact (Chart 2 & 3):

Children and Family Services Specialists must have contact with children and families in order to accurately update and complete a safety assessment. Reviewers evaluated the typical pattern of visitation in order to determine if frequency of visits and quality of visits were sufficient to address child and family issues pertaining to safety along with permanency and well-being.

When evaluating frequency, reviewers considered Nebraska policy that requires the Children and Family Services Specialists to have an in-person, face to face contact with child (ren) and their parents at least once per month. Reviewers consider length of visit, location of visit, private contact with child (ren) and topics being addressed during the visit in order for reviewers to determine quality of visits.

For the Children and Family Services Specialists contact with the youth and family, the review period was defined as six months prior to the end date of the current safety assessment under review or initial safety assessment to end date of updated safety assessment. In some instances, review period may have not been six months.

- **Frequency of visits between the Children and Family Services Specialist and all children –**
Sufficient visits occurred in 54.2% (13 out of 24) assessments.
 - Visits occurred less than twice a month, but at least once a month in 54.2% (13 out of 24) assessments.
 - Visits occurred less than once a month in 45.8% (11 out of 24) assessments.
- **Quality of visits between the Children and Family Services Specialist and child (ren) –**
Sufficient quality occurred in 54.2% (13 out of 24) assessments.
- **Frequency of visits between the Children and Family Services Specialist and mother –**
Sufficient visits occurred in 54.2% (13 out of 24) assessments.
 - Visits occurred less than twice a month, but at least once a month in 54.2% (13 out of 24) assessments.
 - Visits occurred less than once a month in 41.7% (10 out of 24) assessments.
 - No visits occurred in 4.2% (1 out of 24) assessments.
- **Quality of visits between the Children and Family Services Specialist and mother –**
Sufficient quality occurred in 58.3% (14 out of 24) assessments.
- **Frequency of visits between the Children and Family Services Specialist and father –**
Sufficient visits occurred in 19.1% (4 out of 21) assessments. N/A was warranted for three reviewed assessments as the permanency objective was not Family Preservation or Reunification, father was not identified, father was not involved in child's life in any way despite agency's efforts to involve him or father was deceased.
 - Visits occurred less than twice a month, but at least once a month in 19.1% (4 out of 21) assessments.
 - Visits occurred less than once a month in 57.1% (12 out of 21) assessments.
 - No visits occurred in 23.8% (5 out of 21) assessments.
- **Quality of visits between the Children and Family Services Specialist and father –**
Sufficient quality occurred in 33.3% (7 out of 21) assessments.
- **Other adults residing in the home –** 5 out of 24 assessments indicated that other adults needed to be interviewed/assessed and incorporated into the assessment. Other adults were incorporated into the assessment in 20% or 1 out of 5 assessments.

Present Danger (Chart 4):

- Present danger with the child and/or family was identified by the Children and Family Services Specialists in 2 out of 24 (8.3%) reviewed assessments.
- Reviewers agreed with the worker's assessment of Present Danger in 22 out of 24 instances (91.7%).
- Two Ongoing Safety Assessments had an Immediate Protective Action (IPA) taken;
 - Reason for the protective action was explained to the parent/caregiver in 1 out of 2 instances (50%).
 - Protective Action included a provision for oversight in 2 out of 2 instances (100%). Oversight requirement was sufficient to assure that the Protective Action was implemented in accordance with expectation and assured child safety in 1 out of 2 instances (50%).
 - Protective Action contained parent's willingness to cooperate in 1 out of 2 instances (50%).
 - Protective Action contained a description of the persons responsible for the protective action in 1 out of 2 instances (50%).
 - Protective Action contained confirmation of person responsible for Protective Action (trustworthiness, reliability, commitment, availability, alliance to plan) in 1 out of 2 instances (50%).
 - Description of how Protective Action will work was reflected in 0 out of 2 instances (0.0%).
 - Timeframes of the Protective Action was documented in 1 out of 2 instances (50%).
- Overall, 0.0% Protective Action Plans were judged to be sufficient by Reviewers.

Domains (Chart 5):

- **Maltreatment** – Sufficient information was collected in 29.4%, 5 out of 17 applicable assessments.
 - *Reviewer Comments: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to simply document no new information related to maltreatment.*
- **Nature** – Sufficient information was collected in 18.2%, 4 out of 22 applicable assessments.
 - *Reviewer Comments: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to simply document no new information related to maltreatment.*
- **Child Functioning** – Sufficient information was collected in 37.5% (9 out of 24) of the assessments.
 - *Reviewer Comments: If there have been no changes in the child's functioning in between assessments, please document no changes instead of cutting and pasting from previous assessment. Summarize and incorporate information gathered from ongoing contacts with child, family and providers. Include parents and/or caregivers perceptions of the child. What conclusions can be drawn from the worker's contact with all parties regarding the child's behavior and development? Discuss nature of peer interactions. Include worker observation of child (ren), description of overarching statements surrounding child's development or behavioral difficulties. Need to assess all children living in the home.*

- **Disciplinary Practices** – Sufficient information was collected in 41.7% (10 out of 24) of the assessments.
 - *Reviewer Comments: Need current information. Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations of parent discipline. Describe progress family has made regarding discipline in the home. If no changes have been made in parent discipline style document the barriers to progress. Include situation/purpose and detailed information in which the parent implements discipline for the child(ren), length of discipline, future discipline plans in assessments involving infants, children's statements of discipline in home, patterns of discipline with older children.*
- **General Parenting** – Sufficient information was collected in 50% (12 out of 24) of the assessments.
 - *Reviewer Comments: Incorporate current information. Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations. Describe progress family has made regarding parenting styles in the home. If no progress has been made, document the barriers to enhancing parent protective capacities. Routines within the home, include past parenting of children that may have been relinquished or terminated, family activities, parent satisfaction, parental roles, include parenting for all individuals living in the home if they take role in caring for the children, include how parents have attempted to assist or sought services for a child or children with medical, developmental, educational, behavioral and/or mental health needs.*
- **Adult Functioning** – Sufficient information was collected in 25% (6 out of 24) of the assessments.
 - *Reviewer Comments: Summarize information gained during ongoing contacts with the involved adults. Include worker observation of parent progress; enhancement of protective capacities. Incorporate information gained from providers regarding parent progress in safety services, treatment services, therapy services, etc. Need to include all adults living in the home, employment history, financial assistance, community or family supports, Mental Health, Domestic Violence and Substance Abuse information. Discuss the nature of adult relationships within the home (marriage and other relationships).*

Collateral Source (Chart 5):

- 24 out of the 24 assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 25% or 6 out the 24 assessments.
 - *Reviewer Comments: Incorporate the information gained from collaterals into the assessment that supports enhancement of parental protective capacities or discusses barriers to enhancing the diminished capacities. Collaterals include family team participants, providers working with the family, mental health professionals, etc.*

Maternal/Paternal Relatives (Chart 5):

- *In October 2008, clarification regarding the identification of relatives was provided to the Children and Family Services Administrators and the Service Area Administrators. All cases will have relatives identified regardless of the safety determination.*
- *Maternal relatives were identified in 54.2% of the assessments (13 out of 24).*
- *Paternal relatives were identified in 54.2% of the assessments (13 out of 24).*
 - *Reviewer Comments: Documentation needs to contain at a minimum first name, last name, and location (city & state). Include in documentation parents' refusal to provide extended family information during assessment.*
 - Strongly encourage workers complete the kinship narrative.*

ICWA (Chart 5):

- *Information regarding ICWA was obtained in 62.5% of the assessments (15 out of 24).*
 - *Reviewer Comments: Workers need to utilize the kinship narrative and include a statement as to how ICWA information was obtained by Children and Family Services Specialist. For example, ICWA does not apply to family or N/A. Need to include statement of how the worker learned that it did not apply.*
 - *Examples:*
 - *Per mother/name and father/name child does not meet criteria for ICWA because of the following reason.*
 - *Father was asked about enrollment or qualification he may meet in Native American Tribe in which he denied eligibility for him or his son.*
 - *According to (parents/name), no Native American Tribal heritage exists within the family.*

Impending Danger (Charts 5 & 6):

Impending Danger at the end of the Ongoing Safety Assessment (Chart 5): The worker identified impending danger at the end of the assessment in 12 out of 24 (50%) of the reviewed assessments.

- *6 out of 24 (25%) of the reviewed assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.*
- *7 out of 24 (29.2%) of the reviewed assessments contained sufficient information to support and justify decision making.*
- *7 out of 24 (29.2%) of the reviewed assessments contained sufficient information in the six domains to accurately assess the 14 factors.*
- *Safety threats were identified in 12 of the reviewed assessments.*
 - *In 75% or 9 out of 12 instances the reviewer agreed with the worker on all of the safety factors identified “yes”.*
 - *Within the safety factors identified “yes”, 9 out of 12 (75%) contained threshold documentation for identification/justification of impending danger.*
- *In 29.2% or 7 out of 24 assessments, the reviewer agreed with the worker on all of the safety factors identified “no”.*

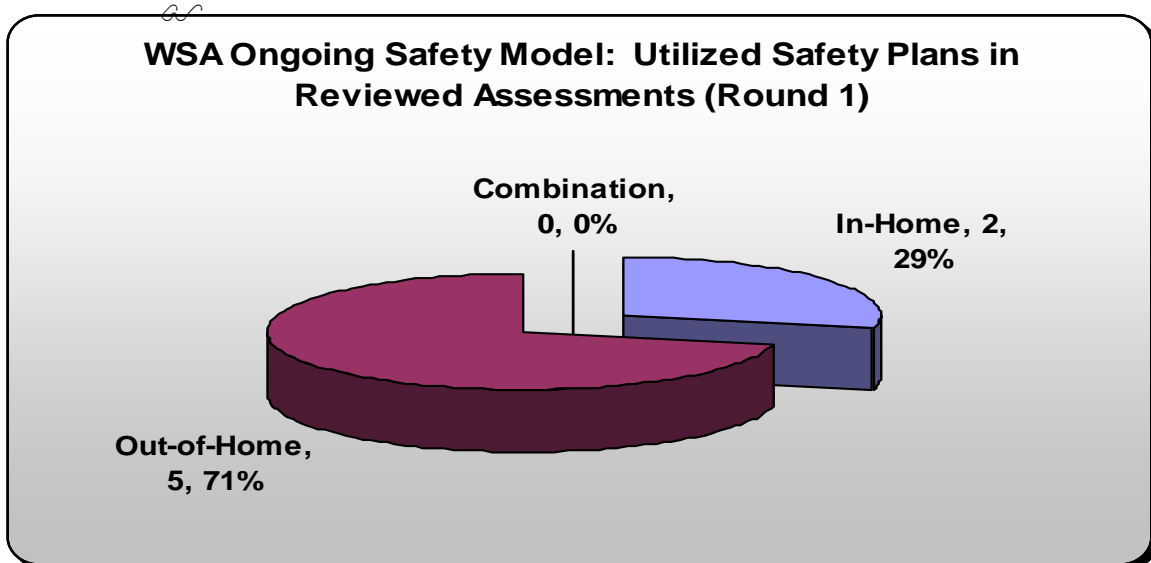
Safety Assessment Conclusion (Chart 6)

- The worker determined that the child was UNSAFE at the conclusion of the safety assessment in 12 out of 24 (50%) of the reviewed assessments. The reviewer agreed with the worker's assessment of impending danger in 70.8% or 17 out of 24 assessments.

Although the reviewers determined the majority of assessments did not contain sufficient information to determine impending danger, Children and Family Services Administrator notification was only made following the review of one of the safety assessment.

Safety Plan (Charts 7 & 8):

- Safety Plan was completed in accordance with changes in case circumstances in 33.3% or 7 out of 21 assessments. If an assessment was completed for purposes of case closure and the safety plan was updated in accordance with changes in case circumstances, safety plans were not applicable and not reviewed in these instances. There were three instances in which case closure occurred with appropriate changes occurring safety plans.
 - 28.6% or 2 out of 7 reviewed safety plans were in-home safety plans.
 - 0 out of 7 or 0% were combination safety plans.
Reviewers indicated that the Specialist should have considered a combination plan with the family in 1 out of 7 or 14.3% instances.
 - 71.4% or 5 out of 7 safety plans were out of home safety plans.
Reviewers indicated that the specialist should have considered an out of home safety plan with the family in 1 out of 2 or 50% instances.



- 7 out of 7 (100%) safety plans contained a contingency plan. However, the reviewers judged the contingency plan to be appropriate in 1 out of 7 (14.3%) of the reviewed assessments.

Examples of sufficient contingency plan:

Note: The intent of having a sufficient contingency plan is to have Staff think ahead, anticipate situations that might come up and make a plan to deal with them. A good contingency plan is an actual backup plan with names and information of individual(s) that will take over or complete safety actions if the original safety plan participant is unable to do so. A good contingency plan is one that can prevent the need for immediate caseworker notification or action.

For Out of Home Safety Plans:

- 1.) *If (NAME) approved relative provider is unable to care for the (child/youth), the relative care provider will contact the child's caseworker and the child will be placed with (NAME) another identified and approved relative provider.*
- 2.) *If (NAME) foster parents are unable to care for the (child/youth), the foster parents will contact the child's caseworker and the child will be placed with (NAME) identified respite care provider or (NAME) identified traditional or agency foster care provider.*

For IN Home Safety Plans:

- 1.) *If (NAME) relative safety plan provider is unable to be at (NAME) family home as expected from 4-6pm. Then (NAME) will contact (NAME) another relative safety plan participant who will substitute for them during that time. If both are unavailable due to a family emergency then (NAME) the pastor's wife will substitute for them during that time.*
- 2.) *If (NAME) a contractor providing safety services for the family is unable to do what they agreed to do, they will notify the caseworker and (NAME) another safety service contractor will be utilized.*

Examples of insufficient contingency plan:

- 1) *The placement unit will need to find another placement.*
- 2) *Child will be made a state ward and placed into foster care.*
- 3) *This is an out of home safety plan and there is not a need for a backup plan.*
- 4) *The assigned caseworker should be contacted.*
- 5) *Their designee will take over*
- 6) *None*

- Suitability of the safety plan participants was completed in 6 out of 7 (85.7%) of the assessments. Reviewer judged that there was sufficient information to support the decision made with regards to the suitability of the safety plan participants in 4 out of 7 (57.1%) of the safety plans.
 - *Reviewer Comments: Need to ensure suitability is completed for all participants including two-parent foster families, providers and informal supports. When appropriate, suitability must include background checks on suitability.*
- 5 out of 7 (71.4%) safety plans addressed who was going to make sure the child was protected.
- 5 out of 7 (71.4%) safety plans addressed what action is needed.
- 4 out of 7 (57.1%) safety plans addressed where the plan and action are going to take place.
- 0 out of 7 (0%) safety plans addressed when the action will be finished.
- 1 out of 7 (14.3%) safety plans addressed how it is all going to work and how the actions are going to control for safety.
- 5 out 7 (71.4%) of safety plans did not contain caregiver promissory commitments. *Promissory commitment refers to the caregiver having responsibility to manage safety when it has been determined that the situation is out of control. Assessment needs to clearly document changes that caregivers have made to suggest their ability to manage safety.*
- 7 out of 7 (100%) safety plans involved in home services.

- 7 out of 7 (100%) safety plans contained a plan for oversight. The reviewers determined that the oversight requirements were sufficient to assure that the safety plan was implemented in accordance with expectation and was assuring child safety in 57.1% or 4 out of 7 of the reviewed safety plans.

Children and Family Services Specialist is responsible for oversight of the Safety Plan. Safety Plans will be monitored continuously, but no less often than once a week prior to completion of the assessment. Monitoring of the Safety Plan will involve face to face contact with the child and family and phone calls to Safety Plan participants. This monitoring may be done by the Children and Family Services Specialists, or other person designated by the Children and Family Services Specialists to provide monitoring. An individual Safety Plan participant cannot be designated to monitor the Safety Plan. As progress is demonstrated toward achieving the identified outcomes, the Safety Plan may be monitored less frequently, but no less than once a month. All monitoring activities will be documented and maintained in the case record. If monitoring is done by someone other than the Children and Family Services Specialists, the Children and Family Services Specialist will review the monitoring reports at least once a week.

- 7 out of 7 (100%) safety plans adjusted as threats increased or decreased.
- Overall, 0% (0 out of 7) Safety Plans were judged to be appropriate by Reviewers.

Protective Capacity Assessment (Chart 9)

- 1 out of 24 (4.2%) of the reviewed cases had a protective capacity assessment completed on the system at the time of the review.
 - Documentation within the protective capacity assessments indicated that consensus was reached between the specialist and family regarding what has changed or needs to change in 0 out of 1 or 0% of the completed assessments.
 - Specialists identified the parents' enhanced protective capacities in 100% (1 out of 1) of the completed protective capacity assessments.

Conditions for Return (Chart 9)

- Conditions of return should have been established in 19 cases. 5.3% (1 out of 19) were completed on the applicable reviewed cases.
- 100% (1 out of 1) conditions of return included circumstances and specific behaviors that must be present in the home to ensure and sustain safety.

Additional Comments

- Need to have timely finalization of Safety Assessments, Safety Plans, Protective Capacity Assessments and Conditions for Return.
- Incorporate current information gathered from children, families and providers into the safety assessment.
- Children and Family Services Specialists do not need to cut and paste information from previous safety assessments. Complete a safety assessment, building on the information gathered previously, to determine if previously identified safety threats have been eliminated, reduced or increased in severity. Children and Family Services Specialists will determine whether new safety threats have emerged.
- Evaluate the status of diminished parent/caregiver protective capacities to judge whether progress and changes require an adjustment to the safety plan.

- Children and Family Services Specialists need to evaluate the safety thresholds as if the children were residing in parental care without service intervention. For example, in home safety services have been implemented to ensure safety. Upon completion of an updated safety assessment, Children and Family Services Specialists concludes there are no safety threats due to implemented services and supports wrapped around the family. Safety threat should still be present regardless of service implementation.
- Adjust the safety plans based upon the review and re-evaluation of safety assessment.
- Safety plans are to be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. If the Children and Family Services Specialists concludes there is no impending danger (child is safe), implementation of a safety plan is not necessary.
- Children and Family Services Specialists will complete a protective capacity assessment for a family in which a child has been determined to be unsafe. It is expected that a PCA will be documented on N-FOCUS within 60 calendar days of the initial custody date or 60 days from the begin date of the initial safety assessment.
- Conditions for return are generally developed for children who are expected to be placed outside of the parental home for longer than 30 days.

Reviewers' Overall Analysis and Conclusion of the Work:

For the purpose of a case review, the reviewer assessed the following information based on their review of the case. This part of the review contains the same information as those included in the Supervisory Review of Nebraska Safety Assessment

Category	WSA	Seelmeyer	Smith	Eby	Peterson
The Nebraska Safety Assessment Instrument was completed correctly and completely	12.5%	0%	0%	28.57%	14.29%
Documentation is on N-FOCUS	100%	100%	100%	100%	100%
Required Time Frames were met	25%	14.29%	66.7%	14.29%	28.57%
A reasonable level of effort was expended given the identified safety concerns.	25%	14.29%	0%	42.86%	28.57%
Safety of the child/youth was assured during the assessment process.	25%	14.29%	0%	42.86%	28.57%
Sufficient information was gathered for informed decision making	25%	14.29%	0%	42.86%	28.57%
Available written documentation was obtained from law enforcement and others as appropriate	N/A	N/A	N/A	N/A	N/A
ICWA information was documented	62.5%	42.86%	33.33%	57.14%	100%
Information was obtained about non-custodial parent, relatives, and other family support.	37.5%	14.29%	0%	57.14%	57.14%
An Immediate Protective Action was appropriately implemented to assure child safety.	0%	0%	N/A	N/A	N/A
A Safety Plan was appropriately completed and implemented to assure child safety.	4.76%	0%	0%	0%	14.29%
A Safety Assessment was documented in accordance with required practice.	12.5%	0%	0%	28.57%	14.29%
A Protective Action was documented in accordance with required practice.	0%	0%	N/A	N/A	N/A
A Safety Plan was documented in accordance with required practice.	4.76%	0%	0%	0%	14.29%
The family network and others were appropriately involved in the gathering of information.	25%	0%	0%	42.86%	42.86%
The family networks and others were appropriately involved in developing Safety Plans.	50%	100%	N/A	33.33%	50%
Policy and procedures related to safety intervention were followed.	20.83%	0%	33.3%	28.57%	28.57%
Safety plan is sufficient to protect child from threats of severe harm.	4.76%	0%	0%	0%	14.29%
Efforts to coordinate with law enforcement were documented.	100%	100%	N/A	N/A	N/A
Interview protocols were followed or reason for deviation were documented.	50%	50%	N/A	N/A	N/A
The appropriate definition was used in making the case status determination.	75%	75%	N/A	N/A	N/A
The finding was correctly documented in N-FOCUS	75%	75%	N/A	N/A	N/A
Factual information supports the selected finding.	75%	75%	N/A	N/A	N/A
Proof of certified notice to the alleged perpetrator is located in the file.	N/A	N/A	N/A	N/A	N/A